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PATENT SNR Matter No.09785980-0079 00CXT0653I

Box PATENT APPLICATION		
ASSISTANT COMMISSIONER FOR	PAT	ENTS
Washington, D.C. 20231		

Date: October 5, 2000

Docket No. 09785980-0079



Transmitted herewith for filing is the patent application of

Inventors:

Sir:

Kathleen A. Duncan

Raymond S. Livingston

For: PROGRAMMABLE IMAGE TRANSFORM

**PROCESSOR** 

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231, on this date.

<u>'0-5-00</u> Date

Express Mail Label No. EI164225199US

Enclosed are:										
$\boxtimes$	53 pages of sp									

53 pages of specification, 19 pages of claims and an abstract.

an executed oath or declaration, with power of attorney.

an unexecuted oath or declaration, with power of attorney.

\_\_\_ sheet(s) of informal drawing(s).

25 sheets of formal drawings.

Assignment of the invention to Conexant Systems, Inc.

Assignment Form Cover Sheet.

A check in the amount of \$\_\_\_\_\_ to cover the fee for recording the assignment(s) is enclosed.

Associate power of attorney.

a) Posia Eas

## Fee Calculation For Claims As Filed

	a) Basic Fee								\$	710.00	
	b) Independent Claims	12	-	3 =	9	X	\$80.00	=	\$	720.00	
	c) Total Claims	46	-	20 =	26	X	\$18.00	=	\$	468.00	
	d) Fee for Multiple Claims				0	X	\$260.00	=.	\$	0.00	
	•					Total	Filing Fee		<b>\$</b>	1,898.00	_
	Statement(s) of Status as Small Entity, reducing Filing Fee by half to								\$		
	Check No. in the amou	to	to cover the filing fee is enclosed								
<b>C</b> 2	CI #100000 D										

Charge \$ 1,898.00 to Deposit Account No. 500835 for the basic filing fees of \$1,898.00.

Other \_\_\_\_\_

The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 500835. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 500835. Two duplicate copies of this sheet are enclosed.

10/16/2000 EEKUBAY1 00000016 500835 09679854 Salb Ref: 00000050 DAW 500835 09679854 01 HC:101 710.00 CH

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